VOLUME 4: MEDICAL SERVICES	Effective Date: 01/2006
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4.1.11 RECEPTION CENTER PROCEDURE	Attachments: Yes ☐ No ☒

I. PROCEDURE OVERVIEW

A. The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) shall conduct a Reception Center (RC) health care assessment (RC-HCA) as part of the RC initial intake process for each person newly committed to CDCR custody. The goal of the RC-HCA process is to evaluate newly arriving patients in a timely manner, identify appropriate provider resources and patient acuity, expedite the transfer of high-risk patients to endorsed institutions, initiate necessary health care interventions, and ensure processing is based on the health care needs of the patient.

B. The RC-HCA shall be conducted at specifically designated RC institutions; however, under exigent circumstances, patients may be transferred to other institutions in order to have specific needs addressed, and this procedure shall be followed.

II. DEFINITIONS

Care Management: A collaborative process of patient assessment, evaluation, advocacy, care planning, facilitation, and coordination. The extent of care management services varies according to the complexity of the patient.

Designated Reception Center Institution: An institution that receives persons newly committed to CDCR custody.

Endorsed Institution: A CDCR institution where a patient is housed and assigned after completing the RC initial intake process.

Interferon-Gamma Release Assays Test: The standard method used by California Correctional Health Care Services (CCHCS) for the detection of recent or past Tuberculosis (TB) infection.

Opt-Out Screening Method: The patient is informed of the routine laboratory tests that will be performed as part of the RC initial health screening and triage unless the patient specifically declines a test.

Reception Center Focused Health Assessment: A face-to-face focused physical assessment performed by a Primary Care Provider (PCP) and documented in the health record during the RC Initial Screening.

Reception Center Initial Health Screening and Triage: A face-to-face assessment conducted by licensed nursing staff, which includes a review of the patient's available health records, an interview, a brief health history, and a focused objective physical assessment based on the records review and patient interview.

Reception Center Initial Intake Process: A multidisciplinary process of compiling and evaluating the inmate's criminal records, life histories, medical, dental, physiological and mental health histories, and social histories and determining the inmate's custody score in order to identify any specific placement needs and assigning them to an endorsed institution. The RC initial intake process is guided by CDCR custody staff and results in the patient's transfer to an endorsed institution within 90 days of arrival at the RC.

III. RESPONSIBILITIES

A. Statewide

CDCR and CCHCS departmental leadership at all levels of the organization, within the scope of their authority, shall ensure administrative, custodial, and clinical systems are in place, and designate a standing committee reporting to the Institutional Quality Management Committee (QMC). The designated standing committee is responsible for oversight of the development, training, implementation, maintenance, record keeping, appropriate tools, technical assistance, and ensuring the levels of resources are available so that health care staff can successfully implement this procedure. The standing committee shall:

1. Establish an ongoing monitoring program to periodically assess the quality of the training, implementation, record keeping, and adherence to this procedure.
2. Ensure that the RC-HCA process is a standing item in the appropriate population management working sessions as directed by institutional leadership.
3. Identify new standing order sets, multidisciplinary coordination needs, equipment needs, maintenance issues, training needs, and infrastructure (e.g., information technology) needs and issues.
4. Take the appropriate corrective action to resolve and/or elevate the concerns identified in the monitoring of the RC-HCA process.
5. Document any action taken and forward each review to the Institutional QMC.

B. Regional

Regional Health Care Executives are responsible for implementation of this procedure at the subset of institutions within an assigned region.

C. Institutional

1. The Chief Executive Officer (CEO) has overall responsibility for implementation and ongoing oversight of a system to provide management of the patient care services to include the implementation of the RC-HCA process at each designated institution.
2. The CEO delegates decision-making authority to designated institutional health care executives for daily operations and ensures adequate resources are deployed to support the RC-HCA process.
3. The CEO and all members of the institution leadership team are responsible for ensuring necessary resources are in place to support the successful implementation of this procedure at all levels of the institution.
4. The CEO and all members of the institution leadership team shall ensure access to and utilization of equipment, supplies, and information technology systems necessary to implement this procedure.
5. The CEO shall ensure that a mechanism (e.g., forum) is in place to ensure that the RC-HCA process is coordinated with the CDCR staff responsible for the patient's correctional RC process.
6. The CEO and all members of the institution leadership team, as a part of the quality management process, on an ongoing basis shall:
   a. Review health care staff performance, including the overall quality of services, health outcomes, assignment of consistent and adequate resources, and utilization and maintenance of equipment pertaining to the RC-HCA process at their institution.

b. Provide health care staff with adequate resources, including training, staffing, physical plant, information technology, and equipment/supplies necessary to accomplish the tasks required during the RC-HCA process.

7. The Chief Nurse Executive, Chief Medical Executive, Chief of Mental Health, Supervising Dentist, and Chief Support Executive shall maintain a multidisciplinary approach to ensure that health care staff participating in the RC-HCA process shall have, at a minimum:
   a. Training in the policies and procedures during orientation; whenever new policies, procedures, or equipment are issued; and as needed.
   b. Demonstrated competency in the tasks necessary to complete the RC-HCA process prior to their performance of the tasks outlined in this procedure.
   c. An established training file, containing documentation of health care staff training, and initial and ongoing competency evaluations or professional practice evaluations for health care staff who perform any task outlined in this procedure.

IV. PROCEDURE

A. Reception Center Initial Health Screening and Triage

1. Each person newly committed shall have an RC initial health screening and triage conducted by licensed health care staff upon arrival at the RC. The purpose of the screening is to identify immediate needs and to ensure continuity of care including medications, treatments, and accommodations. Patient interviews and assessments shall be conducted in accordance with Inmate Medical Services Policies and Procedures (IMSP&P), Volume 4, Chapter 1.3, Scheduling and Access to Care Procedure.
2. The RC initial health screening and triage shall be accomplished prior to the patient being placed in housing. The RC initial health screening and triage serves as the basis for the RC focused health assessment.
3. If portions of the RC initial health screening and triage are accomplished by licensed health care staff other than a Registered Nurse (RN), an RN shall review each screening prior to the completion of the RC focused health assessment and approve the patient's plan of care.
4. The RC initial health screening and triage of the patient includes the following elements at a minimum; additional assessments may be conducted as indicated by the patient's clinical presentation and identified health care needs.
   a. Data Collection
      1) Each patient shall have a face-to-face interview conducted by a licensed nurse which shall include, at a minimum:
         a) A review of medical records arriving with the patient.
         b) A brief health history taken and documented in the health record.
         c) A review of the patient's medication history as documented in medical records. If the arriving records are missing, incomplete, or inconsistent with the patient's reported medication history, nursing staff shall contact the sending facility/agency and document the findings in the health record.
      2) A focused physical examination addressing any items identified during the records review or interview.
      3) Vital signs including blood pressure, temperature, pulse, and respirations.

4) Weight and height which shall be actual measurements. In unusual circumstances (i.e., the patient refuses), stated measurements can be taken, and shall be clearly documented in the health record as "stated."
5) Each patient shall be screened for TB using the procedures outlined in the current CCHCS Care Guide: Tuberculosis Surveillance, for symptom screening.
6) Finger stick blood sugar shall be recorded for each patient with a history of diabetes.
7) A pain assessment shall be performed on each patient whose history indicates a recent inpatient admission, procedure, or upon self-report of pain.
8) If the RC initial health screening and triage is conducted by nursing staff who is not an RN, and the patient answered "yes" to any questions, an RN shall review the data collected, conduct an assessment, determine the appropriate disposition of the patient per existing policy, and document in the health record.

b. Diagnostic Screening Tests and Assessments
   1) Each patient shall be offered the following screening tests based on the Opt-Out screening method.
      a) Gonorrhea/Chlamydia urine (all males and females if less than or equal to 35 years old).
      b) Human Immunodeficiency Virus (HIV) antibody screening.
      c) Serum pregnancy test (females less than 60 years old).
      d) Varicella Immunoglobulin G (IgG).
      e) Coccidioidomycosis (Cocci) delayed-type hypersensitivity skin test (males 18 to 64 years of age, unless prior documented positive result).
      f) Rapid Plasma Reagin (RPR).
      g) Pap smear (all females as clinically appropriate [i.e., cervix intact]).
      h) Hepatitis C Virus (HCV) antibody with reflex to HCV viral load.
      i) IGRA blood test.
   2) Prior to performing the routine Opt-Out tests, the patient shall be provided with education about the tests and informed that testing is also available upon patient request throughout incarceration.
   3) If the patient declines a routine Opt-Out test, the refusal shall be documented in the health record and signed by the patient. The patient shall be scheduled with the Primary Care RN within 14 calendar days for additional patient education.
   4) Special Requirements for High-Risk Disease Screening/Testing
      a) Cocci skin test screening, administration or declination, and results shall be reported and documented in the health record and the Cocci Screening System (refer to the current CCHCS Care Guide: Coccidioidomycosis).
      b) If the patient declines an IGRA blood test, the patient shall be referred to an RN to provide further education and encouragement with a referral to a health care provider if required (refer to the current CCHCS Care Guide: Tuberculosis- Surveillance).
   5) Nursing staff shall identify any recommended preventive services and immunizations based on the current recommendations from the Centers for Disease Control and Prevention and the United States Preventive Services Task

Force's recommendations on immunizations, and document in the health record.

6) Nursing staff shall educate and provide the patient with information about how to access health care services at the institution. This shall include education on the Complete Care Model and patient rights, including the Patient Orientation to Health Care Services handbook. This shall be documented in the health record.
7) Nursing staff shall utilize the approved standing order set to initiate the diagnostic and preventive services identified in sections IV.A.4.a.3)-7) and IV.A.4.b.1)-5) above.

c. Disposition

An RN shall review relevant data for each person newly committed to determine a disposition and if a referral to a provider is required. The review and disposition shall be documented in the health record.

1) Each patient's priority disposition shall be determined based upon responses to questions on the RC initial health screening and triage, which are used to create automated clinical rules within the Electronic Health Record System, as either high or low priority.
2) Patients with identified emergent medical needs shall be referred and transported to the Triage and Treatment Area (TTA) for further evaluation and consultation with a PCP.
3) Patients identified as having an emergent mental health condition such as suicidal ideation or current self-harm shall be referred immediately to mental health services and transported to the TTA for further evaluation and consultation with a mental health clinician or PCP.
4) Patients identified as having an emergent dental condition shall be referred immediately to dental services as specified in the Inmate Dental Services Program Policies and Procedures (IDSP P&P).
5) Patients who have been receiving prescription medications shall have their prescription medications ordered within eight hours of arrival to prevent an interruption in receiving medication.
6) Patients with a health care condition not requiring an emergent referral shall be scheduled for an appointment with the appropriate health care provider using the timeframes outlined in the IMSP&P, Volume 4, Chapter 1.3, Scheduling and Access to Care Procedure, the Mental Health Services Delivery System Program Guide, and the IDSP P&Ps as indicated.
7) Mental health follow-up for non-emergent conditions and routine screening for mental health conditions and developmental disabilities are conducted in accordance with mental health policies.

B. Reception Center Focused Health Assessment

1. Each person newly committed shall have a focused health assessment performed by a PCP within seven calendar days of arrival at the RC. The purpose of this assessment is to identify patients who are acutely ill, infectious, or those with clinically significant health care needs to ensure continuity of care.

2. If there is not enough time to complete all health assessments for patients who are designated high priority the day that patients arrive through the RC, then all efforts shall be made to complete assessments the following business day.
3. The RC focused health assessment shall include, at a minimum, the following:
   a. A review of the RC initial health screening and triage.
   b. A review of available health records, including a review of diagnostic testing.
   c. A consultation of the Controlled Substance Utilization Review and Evaluation System database pursuant to California Health and Safety Code, Section 11165.4.
   d. A face-to-face interview with the patient. The purpose of the interview is to identify:
      1) Current or recent symptoms, treatment, and/or medications.
      2) Significant past medical history, to include surgical history.
      3) Significant medical, family, and social history.
      4) Risk factors for chronic disease or adverse health outcomes (e.g., history of tobacco use, history of substance use).
      5) Significant disabilities and the need for reasonable accommodations or durable medical equipment.
   e. A physical examination shall be targeted based on the review of the records, the history obtained during the face-to-face interview, and identified and/or stated risk factors. If there are no identified and/or stated risk factors after a review of records and history, at minimum an exam of the heart and lungs shall be completed and documented.
   f. The PCP shall initiate a treatment and care plan based on the information obtained in IV.B.3.a-e. above which shall include, at a minimum, the following:
      1) Orders for diagnostic screening tests and assessments, if not ordered during the RC initial health screening and triage (refer to IV.A.4.b above for listing). If the patient opted-out of any of the screening tests or assessments during the RC initial health screening and triage, the PCP shall provide patient education and document the patient's response in the health record.
      2) Orders for additional diagnostic testing clinically indicated based on the health history and assessment performed by the PCP.
      3) Routine preventive services (e.g., age based lipid screening, immunizations, cancer screens [routine mammograms and fecal occult blood tests]) and routine screening related to chronic conditions when no symptoms are present (e.g., retinal and podiatric foot exams for diabetic patients) shall be performed at the endorsed institutions.
      4) Initiation of the patient's problem list in the health record.
      5) Completion of a request for service for any clinical condition that requires an emergent or high priority specialty consultation in accordance with IMSP&P, Volume 4, Chapter 1.12, Outpatient Specialty Services Procedure.
         a) Routine and medium priority referrals for specialty services, in general, shall be deferred as clinically indicated, until the patients are transferred to their endorsed institutions.
         b) Patients with pending high priority specialty services shall be placed on a medical hold to prevent transfer and discontinuity of care in accordance

with IMSP&P, Volume 4, Chapter 29.2, Medical Classification System Procedure.

6) Orders for follow-up appointments as clinically indicated for the care and treatment of the patient's identified health care needs.

g. The PCP shall provide patient education as indicated, that at a minimum, shall include the following:
   1. Review of lab results, physical exam findings, and plan of care with the patient.
   2. How to access health care and return to the clinic as needed.

h. Identification of the patient's medical classification factors and completion of a Medical Classification Chrono in accordance with IMSP&P, Volume 4, Chapter 29.2, Medical Classification System Procedure.

i. If laboratory results or other diagnostic results are received after the RC focused health assessment has been conducted, the PCP shall evaluate the result and determine if a follow-up appointment is needed. The PCP, or designee, shall notify the patient of diagnostic test results in accordance with IMSP&P, Volume 4, Chapter 1.8, Laboratory Services Procedure.

j. The PCP shall ensure that each of the items above is documented in the health record.

C. Transfer to an Endorsed Institution

1. Continuity of health care shall be maintained pending the patient's assignment and transfer to an endorsed institution. Each RC patient shall be assigned to a Primary Care Team (PCT) while awaiting transfer to an endorsed institution. The PCT shall be responsible for ensuring timely access to health care services, including, but not limited to:
   a. Carrying out the plan outlined in the RC focused health assessment including follow-up of RFSs that were ordered during the patient's RC focused health assessment.
   b. Review of, and action on, laboratory, diagnostic, and screening test results.
   c. Provision of episodic and ongoing chronic health care.
   d. Providing care management and care coordination services for the patient's chronic conditions.
   e. Providing appropriate preventive care services such as immunizations, cancer screening with mammography, and fecal occult blood tests, as well as care related to chronic conditions when no symptoms are present, such as retinal screens for patients with diabetes, as clinically indicated.
   f. Routine health care services provided by the PCT shall not delay the patient's transfer to an endorsed institution.
2. Continuity of mental health and dental care shall be maintained pending the patient's assignment and transfer to an endorsed institution. The institution mental health staff and dental staff shall ensure appropriate health care is provided for the duration of the patient's stay in accordance with their policies.

V. REFERENCES

- Armstrong Remedial Plan, *Armstrong v. Newsom*, U.S. District Court of Northern California, Amended January 3, 2001

- Clark Remedial Plan, *Clark v. California*, United States District Court of Northern California, March 1, 2002
- California Health and Safety Code, Division 10, Chapter 4, Article 1, Section 11165.4
- California Code of Regulations, Title 15, Division 3, Chapter 1, Article 1, Section 3002(b)(4)
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System Program Guide, 2009, and associated updates and policies
- California Department of Corrections and Rehabilitation, Inmate Dental Services Program Policies and Procedures, Chapter 2.1, Initial Health Screening - Receiving and Release
- California Department of Corrections and Rehabilitation, Inmate Dental Services Program Policies and Procedures, Chapter 5.10, Dental Emergencies
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1, Complete Care Model Policy
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1.3, Scheduling and Access to Care Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1.4, Population and Care Management Services Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1.8, Laboratory Services Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1.12, Outpatient Specialty Services Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 29.2, Medical Classification System Procedure
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 10, Chapter 3, Tuberculosis Program Policy
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 10, Chapter 8, HIV Antibody Testing
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 10, Chapter 10, Coccidioidomycosis Skin Test
- Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, United States Preventive Services Task Force
- California Correctional Health Care Services, CCHCS Care Guide: Coccidioidomycosis (Valley Fever)
- California Correctional Health Care Services, CCHCS Care Guide: Tuberculosis Surveillance
- California Correctional Health Care Services, Patient Orientation to Health Care Services handbook